SERFF Tracking Number: ELAS-125708560 State: Arkansas Filing Company: State Tracking Number: 39400 MONY Life Insurance Company of America

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC Replacement and Lapse Reporting Form-MLOA

LTC Replacement and Lapse Reporting Form-Informational Filing /NAIC 641-1 APPENDIX G Project Name/Number:

Filing at a Glance

Company: MONY Life Insurance Company of America

Product Name: LTC Replacement and Lapse SERFF Tr Num: ELAS-125708560 State: ArkansasLH

Reporting Form-MLOA

SERFF Status: Closed TOI: LTC06 Long Term Care - Other State Tr Num: 39400

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Filed-Closed

Filing Type: Form Co Status: Reviewer(s): Harris Shearer Disposition Date: 07/16/2008

Authors: Audrey Arnold, Samra

Mekbeb, Roxanne Persaud, Sabrena Lallmohamed

Date Submitted: 06/24/2008 Disposition Status: Accepted For

> Informational Purposes Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: LTC Replacement and Lapse Reporting Form-Status of Filing in Domicile: Pending

Informational Filing

Project Number: NAIC 641-1 APPENDIX G Date Approved in Domicile: Requested Filing Mode: Informational **Domicile Status Comments:** Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Group Market Size: Group Market Type:

Overall Rate Impact:

Filing Status Changed: 07/16/2008 State Status Changed: 07/16/2008 Corresponding Filing Tracking Number:

Filing Description:

Deemer Date:

Estella A.Devian

Telephone (212) 314-2921

SERFF Tracking Number: ELAS-125708560 State: Arkansas
Filing Company: MONY Life Insurance Company of America State Tracking Number: 39400

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC Replacement and Lapse Reporting Form-MLOA

Project Name/Number: LTC Replacement and Lapse Reporting Form-Informational Filing /NAIC 641-1 APPENDIX G

facsimile (212) 707-7493

estella.devian@axa-equitable.com

VIA SERFF

June 24, 2008

The Honorable, Mike Pickens
Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR, 72201-1904

Re: MONY Life Insurance Company of America (MLOA)

NAIC No.: 968-78077 FEIN No.: 86-0222062

Long Term Care Lapse and Replacement Reporting Form ("Reporting Form")

SERFF Tracking Number: ELAS-125708560

Dear Commissioner:

On behalf of MLOA, I am filing the above-referenced form. MLOA had no lapses or replacements of its Long Term Care Rider in your state for the year ending December 31, 2007.

We note that the information required in the Reporting Form appears to be applicable to individual stand-along long term care policies, and not to long term care riders that are attached to life insurance policies. MLOA Long Term Care Rider is not a stand-alone policy. It is a rider that it is attached to a life insurance policy. Therefore, we would like to obtain clarification from the Department regarding the filing requirements of the Reporting Form. Please advise us whether MLOA is required to file this report in the future. If so, is MLOA required to file the form when there are no lapses or replacements for the year?

SERFF Tracking Number: ELAS-125708560 State: Arkansas
Filing Company: MONY Life Insurance Company of America State Tracking Number: 39400

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC Replacement and Lapse Reporting Form-MLOA

Project Name/Number: LTC Replacement and Lapse Reporting Form-Informational Filing /NAIC 641-1 APPENDIX G

Please call me collect at the above number if you have any questions or need additional information regarding this filing.

Sincerely,

Estella Devian

Vice President

Company and Contact

Filing Contact Information

Estella A. Devian, Vice President estella.devian@axa-financial.com

1290 Avenue of the Americas, 14th Floor (212) 314-2921 [Phone] New York, NY 10104 (212) 707-7493[FAX]

Filing Company Information

MONY Life Insurance Company of America CoCode: 78077 State of Domicile: Arizona 1290 Avenue of the Americas, 14th Floor Group Code: 968 Company Type: Insurance

Company

New York, NY 10104 Group Name: State ID Number:

(212) 314-2921 ext. [Phone] FEIN Number: 86-0222062

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

MONY Life Insurance Company of America \$0.00 06/24/2008

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC Replacement and Lapse Reporting Form-MLOA

Project Name/Number: LTC Replacement and Lapse Reporting Form-Informational Filing /NAIC 641-1 APPENDIX G

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For	r Harris Shearer	07/16/2008	07/16/2008
Informational			
Purposes			

SERFF Tracking Number: ELAS-125708560 State: Arkansas
Filing Company: MONY Life Insurance Company of America State Tracking Number: 39400

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC Replacement and Lapse Reporting Form-MLOA

Project Name/Number: LTC Replacement and Lapse Reporting Form-Informational Filing /NAIC 641-1 APPENDIX G

Disposition

Disposition Date: 07/16/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC Replacement and Lapse Reporting Form-MLOA

Project Name/Number: LTC Replacement and Lapse Reporting Form-Informational Filing /NAIC 641-1 APPENDIX G

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	upporting Document Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Long Term Care Insurance Replacemen and Lapse Reporting Form	t	Yes
	and Lapse Neporting Form		

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC Replacement and Lapse Reporting Form-MLOA

Project Name/Number: LTC Replacement and Lapse Reporting Form-Informational Filing /NAIC 641-1 APPENDIX G

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC Replacement and Lapse Reporting Form-MLOA

Project Name/Number: LTC Replacement and Lapse Reporting Form-Informational Filing /NAIC 641-1 APPENDIX G

Supporting Document Schedules

Review Status:

Satisfied -Name: Long Term Care Insurance 06/24/2008

Replacement and Lapse Reporting

Form

Comments: See attached.

Attachment:

NAIC - Replacement and Lapse Reporting Form-MLOA-AR.pdf

APPENDIX G

Long-Term Care Insurance

Replacement and Lapse Reporting Form

For the State of ARKANSAS

Company Name: MONY LIFE INSURANCE COMPANY OF AMERICA

Company Address: 1290 AVENUE OF AMERICAS, NEW YORK, NY 10104

Contact Person: ESTELLA A. DEVIAN

For the Reporting Year of 2007

Due: June 30 annually

Company NAIC Number: 968-78077

Phone Number: (212) 314-2921

Instructions

The purpose of this form is to report on statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Number of Policies Number of Policies Number of Replacements As
Name Sold By This Replaced By This % of Number Sold By This
Agent Agent Agent

N/A N/A N/A

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Number of Policies Number of Policies Number of Lapses As % of Name Sold By This Lapsed By This Number Sold By This

Agent Agent Agent N/A N/A N/A N/A

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales ${\bf N/A}$ %

Percentage of Lapsed Policies to Total Annual Sales ${\bf N/A}$ %

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) $\underline{N/A}\ \text{\%}$